

# Review of compliance

Ambercare East Anglia Limited  
Woody Point

<b>Region:</b>	East
<b>Location address:</b>	Station Road Brampton Suffolk NR34 8EF
<b>Type of service:</b>	Care home service without nursing
<b>Date of Publication:</b>	February 2012
<b>Overview of the service:</b>	Woody Point is registered to provide accommodation for five people with severe learning disabilities who need personal care. The home is a bungalow in its own grounds, situated in a rural setting next to Brampton rail station.

# Summary of our findings for the essential standards of quality and safety

## Our current overall judgement

**Woody Point was meeting all the essential standards of quality and safety but, to maintain this, we have suggested that some improvements are made.**

The summary below describes why we carried out this review, what we found and any action required.

### Why we carried out this review

We carried out this review as part of our routine schedule of planned reviews.

### How we carried out this review

We reviewed all the information we hold about this provider and carried out a visit on 16 November 2011.

### What people told us

People told us that they liked living at Woody Point. They liked the food and their rooms.

### What we found about the standards we reviewed and how well Woody Point was meeting them

#### **Outcome 01: People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run**

The provider is compliant with this outcome. This service demonstrates respect for the individual and involves them in decisions that affect them.

#### **Outcome 04: People should get safe and appropriate care that meets their needs and supports their rights**

The provider is compliant with this outcome. People who use the service experience effective, safe and appropriate care and support that protects their rights and meets their needs.

#### **Outcome 07: People should be protected from abuse and staff should respect their human rights**

The provider is compliant with this outcome. People using the service are safeguarded from abuse, and their human rights are respected.

**Outcome 13: There should be enough members of staff to keep people safe and meet their health and welfare needs**

The provider is compliant with this outcome. People using the service have their needs met by appropriately trained and supervised staff.

**Outcome 16: The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care**

The provider is compliant with this outcome. People using the service are given care that is monitored and assessed.

**Actions we have asked the service to take**

We have asked the provider to send us a report within 28 days of them receiving this report, setting out the action they will take to improve. We will check to make sure that the improvements have been made.

Where we have concerns we have a range of enforcement powers we can use to protect the safety and welfare of people who use this service. When we propose to take enforcement action, our decision is open to challenge by a registered person through a variety of internal and external appeal processes. We will publish a further report on any action we have taken.

**Other information**

Please see previous reports for more information about previous reviews.

**What we found  
for each essential standard of quality  
and safety we reviewed**

The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

We will have reached one of the following judgements for each essential standard.

**Compliant** means that people who use services are experiencing the outcomes relating to the essential standard.

A **minor concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard.

A **moderate concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard and there is an impact on their health and wellbeing because of this.

A **major concern** means that people who use services are not experiencing the outcomes relating to this essential standard and are not protected from unsafe or inappropriate care, treatment and support.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary improvements are made. Where there are a number of concerns, we may look at them together to decide the level of action to take.

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety*

## Outcome 01: Respecting and involving people who use services

### What the outcome says

This is what people who use services should expect.

People who use services:

- \* Understand the care, treatment and support choices available to them.
- \* Can express their views, so far as they are able to do so, and are involved in making decisions about their care, treatment and support.
- \* Have their privacy, dignity and independence respected.
- \* Have their views and experiences taken into account in the way the service is provided and delivered.

### What we found

#### Our judgement

The provider is compliant with Outcome 01: Respecting and involving people who use services

#### Our findings

##### What people who use the service experienced and told us

One person told us 'Staff help me clean my bedroom'. During our visit we observed that the interaction between staff and the people using the service was friendly, professional and respectful.

##### Other evidence

We observed staff supporting people within the home setting. Each person had a care worker assigned to them for each shift. We were told if the person using the service said that they did not want that staff member then they would be changed. We saw that interactions between staff and people using the service were very enabling and promoted independence. One example of this was a person who was making a sponge cake and then went on to make jam tarts. This was the pudding for the evening meal. We were told that a different person was supported to cook the evening meal each evening. A further example was a person who collected their laundry and put it away in their room. Staff told us that, on occasions, one or more people had decided they did not want to go to their day service that day. This decision was respected and alternative activities offered to them. A care worker told us that people can let it be known when they want to be alone, for instance to get dressed.

**Our judgement**

The provider is compliant with this outcome. This service demonstrates respect for the individual and involves them in decisions that affect them.

## Outcome 04: Care and welfare of people who use services

### What the outcome says

This is what people who use services should expect.

People who use services:

\* Experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

### What we found

#### Our judgement

The provider is compliant with Outcome 04: Care and welfare of people who use services

#### Our findings

##### What people who use the service experienced and told us

Three people told us that it was 'OK' living at Woody Point. Two said they liked the food. One person said their bed was comfortable and they liked their room. We saw that staff were knowledgeable and responsive to people's needs.

##### Other evidence

The manager and deputy were very knowledgeable about each person living at the home. They were able to tell us in detail about each person with regards to their abilities, support needs, communication and behaviours that could challenge. People were able to use some verbal communication along with Makaton signing and by the reading of body language. This enabled us to interact and speak with four of the five people living there.

We spoke with and observed three staff members on duty. Staff had a good knowledge of people's needs, in particular their communication abilities and how to respond to any behaviour that could escalate and become challenging. We saw occasions when staff intervened and stopped a potentially challenging behaviour by re-directing the person's attention to an activity that they liked. Staff were able to explain their actions and what might happen if they did not intervene. They described situations when they would enable the resident to re-focus and re-direct their attention to a subject that was important to them. We saw that staff encouraged people to communicate their needs and wants and were then seen to respond appropriately.

We looked at one care plan. This had a good explanation of how the individual may

present to staff, their likes and dislikes and communication ability as well as information on care support needs. This had recently been rewritten in September 2011 and therefore was up to date. We also saw a flow chart for staff to read in relation to an individual's behaviour and how this was to be positively managed. This described what behaviours may challenge and how to manage them, but also more importantly what to do before administering prescribed medication for the incident.

The care plan also included risk assessments which had all been reviewed this year. The most recently reviewed was the falls risk assessment, to take into account some changes in the person's behaviour. Also included was a health plan that told staff 'how to know if I am in pain or unwell'. The care plan and the health plan contained information on all key aspects of that person's needs to ensure that they received relevant and appropriate care.

We looked at one medication administration record. The document was either signed or the appropriate code used. This demonstrated that the person received their prescribed medication at the correct time.

**Our judgement**

The provider is compliant with this outcome. People who use the service experience effective, safe and appropriate care and support that protects their rights and meets their needs.

## Outcome 07: Safeguarding people who use services from abuse

### What the outcome says

This is what people who use services should expect.

People who use services:

\* Are protected from abuse, or the risk of abuse, and their human rights are respected and upheld.

### What we found

#### Our judgement

The provider is compliant with Outcome 07: Safeguarding people who use services from abuse

#### Our findings

##### What people who use the service experienced and told us

We did not talk about this outcome to the people using the service.

##### Other evidence

Three safeguarding referrals about people living in the service had been received in the 10 months prior to our review. Two had been resolved with no further action required. The third referral concerned two residents. This led to a police investigation which concluded that the police would take no further action. However the safeguarding team were concerned that incident reports about the two people were not immediately available when required by the safeguarding practitioner. When produced, the reports were too brief and incomplete to give a clear picture of what had happened.

The manager was required to produce an action plan to improve the reporting of incidents and to put contingency plans in place for covering gaps in staffing levels. We reviewed the actions taken on this during our visit. We saw recent incident reports that described each aspect of the incident, and each kind of behaviour in detail, together with the techniques used to re-direct the person. A new system was in place for staff to file daily reports, body maps and incident reports. We were satisfied that the actions taken ensured that a complete record of each person's daily life was up to date and available both to identify any changing needs and to present to regulatory agencies when required.

The staff we spoke with confirmed that they had received recent refresher training in safeguarding and whistleblowing. They were able to tell us what actions they would

take if they witnessed any kind of abuse. They confirmed that they would have no problem in raising issues with the manager. This meant that any danger to a person would be acted upon quickly.

Staff records showed that proper recruitment processes were followed, including obtaining referrals from previous employers, and checking with the Criminal Records Bureau (CRB) and the Independent Safeguarding Authority (ISA) to ensure the safety of those using the service.

Staff were familiar with the Deprivation of Liberty Safeguards, and we saw in one care plan that the person had an advocate. The service had also used an Independent Mental Capacity Advocate for one person to enable them to make a decision about hospital treatment.

**Our judgement**

The provider is compliant with this outcome. People using the service are safeguarded from abuse, and their human rights are respected.

## Outcome 13: Staffing

### What the outcome says

This is what people who use services should expect.

People who use services:

\* Are safe and their health and welfare needs are met by sufficient numbers of appropriate staff.

### What we found

#### Our judgement

The provider is compliant with Outcome 13: Staffing

#### Our findings

##### What people who use the service experienced and told us

We did not talk about this outcome to the people using the service.

##### Other evidence

The provider ran three other services within the area, one of them the provider's day centre. Each service could call on help with staffing gaps from these. The manager told us that this now enabled them to cease using agency staff which benefited people as staff from all units were trained to support people with the special needs. The manager was the registered manager for two services and was able to use staff flexibly when required. The service had one full time vacancy for a senior care worker when we visited. Care workers from the provider's day service were helping in the home on the day of our visit, as none of the people using the service wanted to go to the day centre, or had appointments to attend.

The deputy manager was the area trainer for the chosen method of supporting people with behaviour that challenged. It was called Non-Abusive Psychological and Physical Intervention (NAPPI). Staff we spoke with had been trained in these techniques and were able to explain how they had seen changes in some people's behaviour through using them appropriately.

Staff files showed the training that each person had completed, both the mandatory training in, for example, moving and handling, fire safety, and food hygiene, as well as the specialised training for the needs of those using the service. Staff told us that they were well supported by the manager and were comfortable raising issues with them.

They also knew they could contact the provider's regional manager if appropriate. One person told us that there was a process of reflective practice within the staff team on each shift to ensure the best support was given.

**Our judgement**

The provider is compliant with this outcome. People using the service have their needs met by appropriately trained and supervised staff.

## Outcome 16: Assessing and monitoring the quality of service provision

### What the outcome says

This is what people who use services should expect.

People who use services:

\* Benefit from safe quality care, treatment and support, due to effective decision making and the management of risks to their health, welfare and safety.

### What we found

#### Our judgement

The provider is compliant with Outcome 16: Assessing and monitoring the quality of service provision

#### Our findings

##### What people who use the service experienced and told us

We did not talk about this outcome to the people using the service.

##### Other evidence

The provider's regional manager visited the service every week, with weekly reports produced for the provider. The deputy manager completed medication audits for both the services for which the manager was responsible.

We saw that each person using the service was consulted about what they wished to do on all aspects of daily life such as getting up, dressing, menu choice, activity, and being left alone. Care plans showed that risks were carefully assessed, both for group activities and for individual ones.

We saw that the service encouraged best practice through training and supervision of staff. They had shown that they learnt from adverse events and incidents, and co-operated with regulatory agencies in order to improve the service. They need to show that this improvement will continue to be maintained.

##### Our judgement

The provider is compliant with this outcome. People using the service are given care that is monitored and assessed.

## Action we have asked the provider to take

### Improvement actions

The table below shows where improvements should be made so that the service provider **maintains** compliance with the essential standards of quality and safety.

Regulated activity	Regulation	Outcome
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 16: Assessing and monitoring the quality of service provision
	<b>Why we have concerns:</b> The service must evidence that the improvements in recording, filing and staffing will be maintained.	

The provider must send CQC a report about how they are going to maintain compliance with these essential standards.

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us within 28 days of the date that the final review of compliance report is sent to them.

CQC should be informed in writing when these improvement actions are complete.

# What is a review of compliance?

By law, providers of certain adult social care and health care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called *Guidance about compliance: Essential standards of quality and safety*.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

When making our judgements about whether services are meeting essential standards, we decide whether we need to take further regulatory action. This might include discussions with the provider about how they could improve. We only use this approach where issues can be resolved quickly, easily and where there is no immediate risk of serious harm to people.

Where we have concerns that providers are not meeting essential standards, or where we judge that they are not going to keep meeting them, we may also set improvement actions or compliance actions, or take enforcement action:

**Improvement actions:** These are actions a provider should take so that they **maintain** continuous compliance with essential standards. Where a provider is complying with essential standards, but we are concerned that they will not be able to maintain this, we ask them to send us a report describing the improvements they will make to enable them to do so.

**Compliance actions:** These are actions a provider must take so that they **achieve** compliance with the essential standards. Where a provider is not meeting the essential standards but people are not at immediate risk of serious harm, we ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

**Enforcement action:** These are actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.

## Information for the reader

<b>Document purpose</b>	Review of compliance report
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